

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space!

15787-1

1. PLACE OF DEATH

County Greene
Township Shelton
City Warrensburg (No. St. Ward)

Registration District No. 7029
Primary Registration District No. 6002

File No. 109
Registered No. 109

2. FULL NAME

Mary A. Zimmerman
(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James H. Zimmerman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 26, 1878</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>5</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis town, Mo.</u>		
13. NAME <u>George W Harper</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
15. MAIDEN NAME <u>Martha Gasway</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. W. C. Nichley 1731 Harrison, Hannibal, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hannibal, Mo.</u> DATE <u>4/14/36</u>		
19. UNDERTAKER (ADDRESS) <u>James A. Cook Lewis town, Mo.</u>		
20. FILED <u>Apr 21, 1936</u> <u>Hannibal</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 1935, to April 12, 1936.
I last saw her alive on Feb, 1936. Death is said to have occurred on the date stated above, at 1.2 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
of Heart
Other contributory causes of importance:
Valvular disease
Name of operation none Date of operation
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19 .
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) J. B. Chilton M. D.
(Address) Hannibal

